


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000003853 1. Entity Name THE WORLD OF MONTECRISTO RELIEF ORGANIZATION, INC.	
---	---

Principal Place of Business C/O ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2369	Mailing Address C/O ALTADIS USA INC 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2369
---	---

**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0929260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ALTADIS USA INC  
5900 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33309-2369

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000925479  
 05/20/08-80028-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARGO, TOM 206 ASH COURT WEXFORD, PA 15090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIGLEY, DANA 2670 TECUMSEH DRIVE WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLZ, THEO 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 333092369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIS, GARY R 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 333092369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARNOFIELLO, JAMES M 5900 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 333092369
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLUCCI, JAMES L 10374 STONEBRIDGE BLVD. BOCA RATON, FL 334986407

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **James Parnofello** 4/1/08 954-772-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #